

# **EXHIBIT G**

LOCATION OF OCCURRENCE

725 N. 10th

CODE

TIME OUT / A TIME IN / A

<input type="checkbox"/>	IN	TYPE OF PREM.
<input type="checkbox"/>	OUT	

DATE OF OCCUR.	DAY CODE	TIME OF OCCUR.	A	NATURE OF INJURY		
9/23/24	1		P	None		
COMPLAINANT		AGE	RACE	SEX		
Police						
ADDRESS				PHONE (HOME)		
0900				PHONE (BUSINESS)		
FOUNDED	REPORT TO FOLLOW			UNIT	CODE	INV. CONT NO.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Close Out			
WITNESS	TRACEABLE PROP.	UNIQUE DESCRIPTION OF OFFENDER		OTHER EVIDENCE		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DESCRIPTION OF INCIDENT (Include Description of Crime Scene if Applicable)

S-BAR CHECK

SGT. 8795 Visited CDO Beer store

@ 725 N 10th st. No issues

Kept record

WITNESS	ADDRESS	PHONE NUMBER
---------	---------	--------------

## OFFENDER INFORMATION

PROPERTY DESCRIPTION (Include Make, Model, Color and Serial No. Where Applicable)	PROP. CODE	INSURED	STOLEN VALUE
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			DC NO.

VEHICLE 1 - OWNER'S NAME

VEHICLE 2 - OWNER'S NAME

VEHICLE 1 - OPERATOR'S NAME

VEHICLE 2 - OPERATOR'S NAME

WANTED/STOLEN MESSAGE SENT General No.	DIST./UNIT TERMINAL Date	RECEIPT NO.	SENT BY
REPORT PREPARED BY		NO.	DIST./UNIT TOTAL PAGES
			PAGE NO.

DATE OF OCCUR.	DAY CODE	TIME OF OCCUR.	TYPE OF PREM.	
9/18/24	3		A	NATURE OF INJURY
COMPLAINANT		AGE	RACE	SEX
Police				PHONE (HOME)
ADDRESS		PHONE (BUSINESS)		
0900				
FOUNDED	REPORT TO FOLLOW		UNIT	CODE INV. CONT NO.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Close Out	
WITNESS	TRACEABLE PROP.	UNIQUE DESCRIPTION OF OFFENDER		OTHER EVIDENCE
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
DESCRIPTION OF INCIDENT (Include Description of Crime Scene if Applicable)				
<u>S-BAR CHECK</u>				
Sgt. 8799 visited the Con Beer store at above location. No issues were noted during the check.				
<u>LIC # R7636 -</u>				
WITNESS		ADDRESS	PHONE NUMBER	
Manager X- <u>    </u>				
OFFENDER INFORMATION				
PROPERTY DESCRIPTION (Include Make, Model, Color and Serial No. Where Applicable)		PROP. CODE	INSURED	STOLEN VALUE
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
				DC NO.
VEHICLE 1 - OWNER'S NAME		VEHICLE 2 - OWNER'S NAME		
VEHICLE 1 - OPERATOR'S NAME		VEHICLE 2 - OPERATOR'S NAME		
WANTED/STOLEN MESSAGE SENT		DIST./UNIT TERMINAL	RECEIPT NO.	SENT BY
General No. P-1				

105 N. 10 <sup>th</sup>			<input type="checkbox"/> OUT	
DATE OF OCCUR.	DAY CODE	TIME OF OCCUR.	A	NATURE OF INJURY
10/21/24	1		P	None

COMPLAINANT	P. Police	AGE	RACE	SEX	PHONE (HOME)
-------------	-----------	-----	------	-----	--------------

ADDRESS 899 RR PHONE (BUSINESS) \_\_\_\_\_

Digitized by srujanika@gmail.com

FOUNDED	REPORT TO FOLLOW	UNIT	CODE	INV. CONT NO.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Close Out			
WITNESS	TRACEABLE PROP.	UNIQUE DESCRIPTION OF	OTHER EVIDENCE	

**DESCRIPTION OF INCIDENT** (*Include Description of Crime Scene if Applicable*)

S BAR CHECK

Sgt. Callahan visited CDD Beer  
store @ above location. No issues  
were noted.

Lic. # R7636

P - Refused to sign

WITNESS	ADDRESS	PHONE NUMBER
---------	---------	--------------

---

**OFFENDER INFORMATION**

---

PROPERTY DESCRIPTION (Include Make, Model, Color and Serial No. Where Applicable)	PROP. CODE	INSURED	STOLEN VALUE
--	------------	---------	--------------

DC NO.

**VEHICLE 1 — OWNER'S NAME**      **VEHICLE 2 — OWNER'S NAME**

VEHICLE 1 - OPERATOR'S NAME	VEHICLE 2 - OPERATOR'S NAME
-----------------------------	-----------------------------

General No.	Date				
REPORT PREPARED BY		NO.	DIST./UNIT	TOTAL PAGES	PAGE NO.

REVIEWED BY NO. DIST/UNIT REFERRAL DATE CEN NO.